

Case Number:	CM13-0004511		
Date Assigned:	12/27/2013	Date of Injury:	11/10/2012
Decision Date:	02/24/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	07/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 44-year-old female who reported an injury on 11/10/2012. The patient is currently diagnosed with right shoulder derangement, radiculopathy in the right upper extremity, sciatica, rule out cervical herniated nucleus pulposus, and rule out lumbar herniated nucleus pulposus. The patient was seen by [REDACTED] on 08/30/2013. The patient reported neck pain, mid back pain, low back pain, and lower extremity numbness and pain. Physical examination revealed negative cervical compression and foraminal compression test, negative cervical distraction test, tenderness to palpation of the cervical spine, decreased range of motion in the cervical spine, positive straight leg raising, limited lumbar range of motion, intact sensation to pinprick in the upper and lower extremities, and 5/5 motor strength throughout. Treatment recommendations included chiropractic therapy, cervical and lumbar MRI studies, NCV/EMG of bilateral upper extremities, and an interferential stimulation unit.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Magnetic Resonance Imaging

Decision rationale: The California MTUS/ACOEM Practice Guidelines state criteria for ordering imaging studies include the emergency of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or for clarification of the anatomy prior to an invasive procedure. As per the clinical notes submitted, there are no focal neurologic symptoms or neurologic deficits upon physical examination. There is no documentation of significant red flags or plan for surgical intervention. There are no plain films submitted prior to the request for an MRI. There is also no evidence of a recent failure to respond to conservative treatment. Based on the clinical information received, the request for MRI cervical spine is non-certified.

MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Magnetic Resonance Imaging

Decision rationale: The California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause, including MRI for neural or other soft tissue abnormality. As per the clinical notes submitted, there are no focal neurologic symptoms or neurologic deficits noted on physical examination. The patient demonstrated intact sensation with 5/5 muscle strength throughout. There is no evidence of red flags or a surgical plan. There is also no documentation of a recent failure to respond to conservative treatment. Based on the clinical information received, the request for MRI lumbar spine is non-certified.

Physical therapy 6 visits:

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. As per the clinical notes submitted, there is no documentation of a significant musculoskeletal or neurological deficit that would warrant the need for skilled physical medicine treatment. Current clinical

findings are limited to tenderness to palpation and decreased range of motion. There are no objective neurological abnormalities. There is no mention of a home exercise program or functional improvement from a previous course of physical therapy. Based on the clinical information received, the request for Physical therapy 6 visits is non-certified.

EMG/NCV upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Magnetic Resonance Imaging

Decision rationale: The California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle, focal, neurologic dysfunction in patients with neck or arm symptoms, lasting more than 3 or 4 weeks. As per the clinical notes submitted, there is no documentation of neurologic deficits upon physical examination. The patient demonstrated intact sensation with 5/5 motor strength. Based on the clinical information received, the request for EMG/NCV upper extremities is non-certified.

EMG/NCV lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG) Low Back Chapter, Magnetic Resonance Imaging.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state electromyography may be useful to identify subtle, focal, neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. As per the clinical notes submitted, there is no documentation of objective focal neurological deficit on physical examination. The patient demonstrated 5/5 motor strength and intact sensation. Based on the clinical information received, the request for EMG/NCV lower extremities is non-certified

Interferential stimulation unit/A.R.T. stim: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: The California MTUS Guidelines state interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise, and medications. As per the clinical notes submitted, there is no evidence of pain that has been ineffectively controlled due to diminished effectiveness of medications or side effects. There is also no evidence of an unresponsiveness to conservative measures. There is no documentation of a treatment plan with the specific short and long-term goals of treatment with the unit. There has been no documentation of a successful 1-month trial of an interferential stimulation unit. Based on the clinical information received, the request for interferential stimulation unit/A.R.T. stim unit is non-certified.

LSO brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Lumbar Supports

Decision rationale: The California MTUS/ACOEM Practice Guidelines state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. There is no mention of fracture, spondylolisthesis, or instability. There is no documentation of a significant musculoskeletal deficit or significant instability upon physical examination. The medical necessity has not been established. Therefore, the request for LSO brace is non-certified.